

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599121

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		3		1		
5		4		1		
6		5		1		
7		6		1		
8		7		1		
9		8		1		
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11		10		1		
12		11		1		
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28		27		1		
29		28		1		
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31		30		1		
32		31		1		
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34		33	1	1		
35			1	1		
36			1	1		
37			1	1		
38			1	1		
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48						
49						
50						
TOTAL IND.			5			
TOTAL DEP.			32			
TOTAL CLAIMS			37			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.					1	
TOTAL DEP.					1	
TOTAL CLAIMS					1	